

STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY

500 Deaderick Street, Suite 850
Nashville, TN 37243
615/741-2364

REGISTRATION OF MEDICAL EQUIPMENT

Public Chapter 780, Acts of 2002, requires that owners of the following medical equipment register such equipment with the Tennessee Health Services and Development Agency: computerized axial tomographers, lithotripters, magnetic resonance imagers, linear accelerators, and positron emission tomography. The first registration is to occur on or before September 30, 2002. Thereafter, registration should occur within 90 days of acquisition.

Should you wish to provide information not specifically requested or further information with regard to information reported, please attach a separate page to provide such narrative.

1. NAME AND ADDRESS OF FACILITY

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City)

(State)

(Zip)

(Telephone Number)

2. NAME AND ADDRESS OF OWNER OF FACILITY

(Name)

(Street Address)

(City)

(State)

(Zip)

(Telephone Number)

3. CONTACT PERSON OR AUTHORIZED AGENT

(Name)

(Title)

(Company)

(E-mail Address)

(Mailing Address)

(Telephone Number)

(City)

(State)

(Zip)

(Fax Number)

4. EQUIPMENT OWNERSHIP INFORMATION

- A. CT: Does the facility utilize one or more computerized axial tomographers (CT)? Yes No
Number utilized: _____ Own _____ or Lease _____
Date acquired: _____ Fixed site _____ Mobile _____
Expected useful life: _____ Initial cost: _____
Utilization / Payment Source 1/1/01 to 12/31/01 _____
Location (if other than the facility's address): _____
Owner (if other than owner of facility): _____
- B. Lithotripters: Does the facility utilize one or more lithotripters? Yes No
Number utilized: _____ Own _____ or Lease _____
Date acquired: _____ Fixed site _____ Mobile _____
Expected useful life: _____ Initial cost: _____
Utilization / Payment Source 1/1/01 to 12/31/01 _____
Location (if other than the facility's address): _____
Owner (if other than owner of facility): _____
- C. MRI: Does the facility utilize one or more magnetic resonance imagers (MRI)? Yes No
Number utilized: _____ Own _____ or Lease _____
Date acquired: _____ Fixed site _____ Mobile _____
Expected useful life: _____ Initial cost: _____
Utilization / Payment Source 1/1/01 to 12/31/01 _____
Location (if other than the facility's address): _____
Owner (if other than owner of facility): _____
- D. Linear Accelerators: Does the facility utilize one or more linear accelerators? Yes No
Number utilized: _____ Own _____ or Lease _____
Date acquired: _____ Fixed site _____ Mobile _____
Expected useful life: _____ Initial cost: _____
Utilization / Payment Source 1/1/01 to 12/31/01 _____
Location (if other than the facility's address): _____
Owner (if other than owner of facility): _____
- E. PET: Does the facility utilize one or more positron emission tomography (PET)? Yes No
Number utilized: _____ Own _____ or Lease _____
Date acquired: _____ Fixed site _____ Mobile _____
Expected useful life: _____ Initial cost: _____
Utilization / Payment Source 1/1/01 to 12/31/01 _____
Location (if other than the facility's address): _____
Owner (if other than owner of facility): _____

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date